

**Northeastern Vermont Regional Hospital
FY 2022 Budget
Response to Questions from HCA**

1. Reimbursement Ratio Relative to Standardized Medicare Reimbursement¹

Please complete the table below regarding actual reimbursement rate relative to Medicare reimbursement rate by payer category for FY2021 (Q1-Q3).

	Ratio of Inpatient Reimbursement to Medicare Inpatient Reimbursement, Standardized by MS-DRG Relative Weights	Ratio of Outpatient Reimbursement to Medicare Outpatient Reimbursement, Standardized by APC Relative Weights
Medicare	1	1
Medicaid		
Commercial		

To the extent that your organization tracks the information by commercial payer, please complete the table below for FY 2021 (Q1-Q3). ²

	Ratio of Inpatient Reimbursement to Medicare Inpatient Reimbursement, Standardized by MS-DRG Relative Weights	Ratio of Outpatient Reimbursement to Medicare Outpatient Reimbursement, Standardized by APC Relative Weights
BCBSVT		
TVHP		
MVP		
Cigna		

Response: At this time, NVRH is unable to separate net patient revenue between inpatient and outpatient services. We are planning to have this capability by the time fiscal 2023 budgets are prepared

NVRH groups all commercial insurance payers into one group. On average, commercial insurance reimbursement rates are approximately 160% higher than Medicare reimbursement rates.

2. Hospital Financial Assistance and Bad Debt during COVID-19

- a. In our questions posed during last year's hospital budget guidance, the HCA asked you to report changes related to financial assistance and collections as a result of

¹ The HCA has agreed to consider minor adjustments to the data requests in this question. Any updates will be provided to the hospitals as soon as possible and no later than May 1, 2021.

² In light of CMS mandates requiring hospitals to publicly disclose prices by commercial payer, we do not expect that commercial payer contracts limit such disclosure.

Covid-19. Please provide the following updates from the time of your response in last year's hospital budget process:

- i. How have you changed your official or unofficial patient financial assistance policies and/or procedures?

Response: NVRH did not officially modify patient financial assistance policies or procedures. Unofficially, we allowed patients more time to apply for assistance and submit their application.

- ii. How has your handling of patient collections changed?

Response: NVRH gave our collection agencies permission to offer 20% discount to patients with accounts in collection. We also gave patients additional time to pay off their balances. These changes remain in effect.

- b. Do you work with collection agencies? If yes:

- i. Do you sell patient debt to collection agencies? If you do not sell patient debt to collection agencies, please explain how you work collection agencies to collect patient debt.

Response: NVRH does not sell debt to collection agencies. NVRH allows the agency 120 days to collect an account. After that time the agency returns the account to NVRH. As noted above, NVRH has given the agency permission to offer a 20% discount to patients with accounts in collection. As a side note, NVRH has never received patient complaints regarding our collection agencies efforts to make collections.

- ii. If a patient is overcharged, please explain your ability to correct a bill once the collection agency is involved.

Response: NVRH is able to correct a bill after the collection agency is involved. We simply notify the agency and they make the correction. If the overcharge is discovered after payment is made, the difference would be refunded to the patient.

- iii. How many patients had bills that you sent to collection agencies during the following timespans: (1) Q4 FY2019 and Q1-Q3 FY2020 and (2) Q4 FY2020 and Q1-Q3 FY2021?

Response: July 1, 2019 – June 30, 2020 16,115 - accounts were sent to collection. The total amount was \$6.4 million.
July 1, 2020 – June 30, 2021 – 9,518 accounts. The total amount was \$3.6 million.

- iv. What is the total dollar amount of bills sent to collection agencies during the following timespans: (1) Q4 FY2019 and Q1-Q3 FY2020 and (2) Q4 FY2020 and Q1-Q3 FY2021? **Response:** See above

3. Medicaid Screening Processes

- a. Emergency Medicaid

- i. If your organization has written policies regarding screening for emergency Medicaid, please provide them.

- ii. For Q1-Q3 of FY 2021, please provide the number of facility patients screened for emergency Medicaid and the number of facility patients who received emergency Medicaid.
 - iii. For Q1-Q3 of FY 2021, please provide the number of labor and delivery patients screened for Medicaid and the number of labor and delivery patients who were covered by emergency Medicaid.
 - iv. If your organization has outreach materials on the application process and eligibility criteria Emergency Medicaid, please provide them. Please explain how your patients can access these materials and list the languages that the materials have been translated into.
- b. Deemed Newborns ³
 - i. If your organization has written policies regarding screening newborns for Medicaid, please provide them.
 - ii. For Q1-Q3 of FY 2021, please provide the number of newborns screened for Medicaid without an application and the number of those newborns who received Medicaid.

Response: NVRH receives approximately 40 inquires a month for assistance from patients requesting assistance with insurance applications. However, we do track the type of insurance application assistance nor do we track type of patient service related to the request. Therefore, the number of Medicaid applications. We do not have outreach materials. NVRH does not have outreach materials. Patients seeking assistance with Medicaid applications receive that help directly from NVRH's Communication Connections team, either in person or over the telephone. If a patient does not speak English we have a live language line service available to assist with the translation.

- 4. Please discuss any analyses or tracking your hospital conducts or is considering conducting regarding access to care, care efficacy, or satisfaction among vulnerable populations including, *but not limited to*,
 - a. patients whose primary language is not English,
 - b. BIPOC patients,
 - c. patients with no or intermittent broadband and/or cellular telephone service, and
 - d. patients who are not U.S. citizens.

Response: The only survey for NVRH patients is conducted by Press Ganey Associates. Currently, Press Ganey does not tabulate results in a way that allows us to provide answers to this question.

³ Deemed newborns are children who were born to Medicaid recipient. In accordance with 42 C.F.R. § 435.117 and HBEE 9.03 (b) (2) (i), these individuals are automatically enrolled in Medicaid without an additional application.